

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90383 042 ****50.00

0051164

DOCUMENT # L99000003428

1. Entity Name
MBA DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business
**3303 RIVIERA DRIVE, SUITE 202
 NAPLES FL 34103**

Mailing Address
**3303 RIVIERA DRIVE, SUITE 202
 NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3582979**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOCOL, ALBERT J
 3303 RIVIERA DRIVE, SUITE 202
 NAPLES FL 34103**

Name
E. Michael Kilbourn

Street Address (P.O. Box Number is Not Acceptable)

3033 Riviera Drive, suite 202

City **Naples,** **FL** Zip Code **34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *E. Michael Kilbourn*
 Signature, typed or printed name of registered agent and title if applicable.

Manager
 (NOTE: Registered Agent signature required when reinstating)

4-25-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 SOCOL, ALBERT J
 3303 RIVIERA DRIVE, SUITE 202
 NAPLES FL 34103** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 Kilbourn, E. Michael
 3033 Riviera Drive, #202
 Naples, FL 34103** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MBR
 KILBOURN, E. MICHAEL
 3033 RIVIERA DR #202
 NAPLES, FL 34103** ☒ Delete *See 10*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *E. Michael Kilbourn* **MANAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-7-02

Date

Daytime Phone #

CR2E083 (9/01)